



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

170 North Main, 11th Floor
Memphis, TN 38103-1877
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



APPLICATION FEE
NON-REFUNDABLE

Business Check, Money Order or Cashiers Check ONLY

APPLICATION FOR EMPLOYEE'S OFF PREMISE PERMIT

PERMIT NO. _____

DATE ISSUED _____

COST OF PERMIT

5 YR. - \$20.00

Date: _____, 20 ____

Name of Applicant Phone _____

Home Street Address _____ City _____ State _____ Zip _____

Race _____ Sex _____ Date of Birth _____ City/State of Birth _____

Drivers License # _____ State Issued _____ Social Security # _____

Email Address: _____

Hereby make application for a permit to serve as an employee in the following store:

Name of Store _____ **Please circle one:** Wholesale or Retail

Business Address _____

City _____ County _____ Tenn. Zip Code _____

Each Question Must Be Fully Answered

1. Are you a United States Citizen: Yes _____ No _____ All applicants must complete form **AB-0116-Declaration of Citizenship**
2. Have you **EVER** been convicted of any **criminal** offense? _____ If answer is yes, furnish complete details including DATE, PLACE, CHARGE and RESULT (probation, jail time, fines, community service, etc.). Failure to disclose all criminal convictions may result in disciplinary action against your permit, including civil penalty and/or revocation. (attach additional sheets if necessary)

3. Have you ever submitted an application for an Alcohol Dealer Registration (TTB F 5630.5d) to the TTB _____ ?
4. How many years have you been a legal resident of Tennessee? _____
5. Is the owner of the store in which you will be employed related to you by blood, marriage or otherwise? _____
What relation? _____

6. State your interest (financial, stock ownership, loans, gifts, guarantor of loans, or otherwise) in the above named business.
7. Give name, address and type of business of last three places you have been employed:
10. Are you employed elsewhere? _____ If answer is yes, give name and address of employer _____
11. Do you have any relatives employed by the Tennessee Alcoholic Beverage Commission? _____
12. List all names you have used, including maiden name, nicknames or any other names by which you have been known.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

* "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" *

Application authorized by _____
 Print Name, Owner of Establishment

 Print Name, Applicant

 Signature, Owner of Establishment

 Signature, Applicant

Subscribed and sworn to before me this _____ day of _____ 20_____

My Commission Expires _____

Notary Public

Notary Seal

For TABC Validation ONLY

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.